



pennsylvania
OFFICE OF OPEN RECORDS

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 5/8/2018

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): County of Luzerne

NAME OF REQUESTER: Nicole Mijares

STREET ADDRESS: P.O. Box 970999

CITY/STATE/COUNTY/ZIP (Required): Boca Raton, FL 33497-0999

TELEPHONE (Optional): _____ EMAIL (Optional): Pennsylvania@OpenTheBooks.com

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify can identify the information. Please use additional sheets if necessary*

Please see attachment "Right to know request text".

DO YOU WANT COPIES? YES OR NO

DO YOU WANT TO INSPECT THE RECORDS? YES OR NO

DO YOU WANT TO CERTIFIED COPIES OF RECORDS? YES OR NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

****Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought of the information unless otherwise required by law. (Section 703.)**